## **HEALTH EQUITY EQUATION NEWSBRIEF**

October 2017

# Welcome to the 7<sup>th</sup> edition of Health Equity Equation

### Highlights:

- Regional Health Equity Council (HHS Region VII): Kathy Karsting, DHHS Maternal Child Adolescent Health Program, has been accepted to the Heartland Regional Health Equity Council (RHEC) serving Region VII. The Heartland RHEC includes the states of Nebraska, Iowa, Kansas and Missouri. Josie Rodriguez of the DHHS Office of Health Disparities and Health Equity serves as co-chair on the RHEC (Website). The annual multi-state RHEC meeting will be hosted by Nebraska on November 19 and 20, in Omaha. For more info, contact Kathy or Josie.
- → Developmental Disabilities has drafted new regulations (Title 403) to support new waivers. The drafts are posted for review and comment. In addition to drafting new regulations, Title 404 NAC is being revised to support new waivers.

#### SAVE THE DATE:

Current Practices of Maternal Behavioral Health 2018 Conference:

**April 3<sup>rd</sup>, 2018** 

For more information, contact: Jackie.Moline@nebraska.gov

#### WHAT IS HAPPENING IN DHHS?

#### Community Health Workers (CHWs):

Community Health Workers represent an important development in the health workforce, making health systems more culturally and linguistically appropriate and accessible. CHWs diversify the health care workforce, and can help teams improve outcomes. In the Division of Public Health, DHHS offers training for CHWs through the Office of Women's and Men's Health (Link). The Health Promotions Program is helping organize internal and external stakeholder groups for CHW programs and advocates (for more info, contact Jamie.Hahn@nebraska.gov). Kathy Karsting in the Maternal Child Adolescent Health program carried out a project related to CHWs and (Emerging Role of the CHW). DHHS partners also participate in a Douglas County CHW workgroup, a priority area of the Accountable Health Community model for the Omaha area. Looking ahead, many partners are working to make curricula and competencies more consistent, adopt a role definition across programs, create the practice models needed to integrate CHWs in community and clinical care teams, offer career ladders, and more. For more info, contact Kathy at Kathy.karsting@nebraska.gov.

### CLAS Measurement: Is trust the key?

As more programs develop capacity to implement the standards of culturally and linguistically appropriate services (CLAS), *measures* are needed to accurately understand the outcomes and the impacts of doing so. Are health measures in populations too long-term and too big to be useful? Do we need an intermediate measure that would tell us our efforts are moving in the right direction? One possible direction may lie in the peer-reviewed literature about levels of trust, and the relationship between trust and access to and utilization of health care. Trust may affect the effectiveness of and adherence to treatment. Trusting provider-patient relationships influence the quality of interaction, degree of disclosure, amount of autonomy in decision-making, continuity of care and level of engagement in behavioral change. For more info on the measurement of trust in the health system, contact Kathy Karsting.

## **HEALTH EQUITY EQUATION NEWSBRIEF**

October 2017

NEXT HEALTH
EQUITY
COLLECTIVE
IMPACT MEETING:

Monday,
November 20<sup>TH</sup> 2017,
1:30 PM-3:00 PM,
Lincoln NSOB 3B.

For more information about the Health Equity Equation, and the Health Equity Collective Impact group that meets quarterly, contact Mai Dang at mai.dang@nebraska.gov.

# Working Definition of "Health Equity":

Health Equity is when people have full and equal access to opportunities that enable them to lead healthy lives. Achieving health equity involves an underlying commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants.



**DHHS Division of Developmental Disabilities (DD):** DD continues working with a contractor and a Provider Advisory Group to complete our Rate Rebase and Objective Process (OAP) Redesign. Within the next 18 to 24 months, provider rates will be reset and assessments to determine individual budget amounts will be completed for all participants.

DD Director Courtney Miller has been traveling statewide on a "Let's Talk" tour, designed to gain stakeholder input on services provided. This includes:

- Review of DHHS business plan for 2017;
- Meetings for individuals, families, friends, providers, and advocates;
- Separate meetings with DD employees in offices during working hours.

#### **DHHS 2017 Business Plan** has 3 goals impacting DD:

- Establishing the Beatrice State Developmental Center as a resource able to serve multiple groups of Nebraska citizens with intellectual and developmental disabilities
- Decreasing the amount of time that elapses between when an individual who is eligible for DD services accepts a funding offer and when the individual actually starts receiving services
- Delivering safe, high-quality integrated services and supports

IHI Health Equity Virtual Learning Series: The Office of Community Health and Performance Management, under the leadership of administrator Maya Chilese, has opened the opportunity for participation in a virtual learning series on equity to a diverse group of partners from across the Division of Public Health. The series, with the Institute for Healthcare Improvement, seeks to improve data-driven approaches to health equity within the unique context of each organization. One learning goal for the series is that participants will learn how to make a business case for health equity. The six-session series ends Dec. 19. For more information, contact Maya at <a href="maya.chilese@nebraska.gov">maya.chilese@nebraska.gov</a>.

Nebraska Joins CMS Affinity Group: Early in 2017, the federal Centers for Medicare and Medicaid Services (CMS) put out a call for state teams to join a new affinity group for state Medicaid agencies interested in partnering with schools and public health to improve access to and the delivery of important preventive services for children and adolescents. Nebraska's application was accepted and we join a group of eight states as participants: Arkansas, Colorado, Idaho, North Caroline, Michigan, Nebraska, New Jersey and Ohio. The Nebraska team includes partners from both Medicaid and Long Term Care, and Public Health, along with community partners. For more info contact Carol Tucker in the DHHS School Health Program, carol.tucker@nebraska.gov.